



PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 0651-0031

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) Bauer 9-1 | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>August 20, 2003</u> . Signature <u>Linda M. Shackleton</u> Typed or printed name <u>Linda M. Shackleton</u> | | In re Application of <u>Ranganath et al.</u> | |
| | | Application Number <u>09/783,191</u> | Filed <u>February 14, 2001</u> |
| | | For <u>Method and Apparatus for Dynamically Allocating Bandwidth Utilization in a Packet Telephony System</u> | |
| | | Group Art Unit <u>2642</u> | Examiner <u>William J. Deane, Jr.</u> |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 320.00</u> | | | |
| <div style="text-align: right;">RECEIVED OCT 27 2003 Technology Center 2600</div> | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | |
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| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
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| I am the | | | |
| <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. | | | |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
| | | <u>Kevin M. Mason</u> Signature <u>Kevin M. Mason</u> Typed or printed name <u>August 20, 2003</u> Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

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